A B C D	E	F	G	Н	l J	K	L	1 M	٥ (Р	Q	R	S	T	U V	Х	
Unified Rate Review v3.3																	
Company Legal Name:	Aetna Health Ir	nc. (a PA corp.)	State:	(Υ													
HIOS Issuer ID:	34822	, (a		ndividual													
Effective Date of Rate Change			Warket.	naiviaaai													
Effective Date of Nate Change	(5). 1/1/201/																
Market Level Calculations (Same for	all Plans)																
	,																
Section I: Experience period data																	
Experience Period:	1/1/2015	to	12/31/2015														
		Experience Period		% of Prem													
Premiums (net of MLR Rebate) in Exp		Aggregate Amount \$1		100.00%													
Incurred Claims in Experience Period		\$0		0.00%													
Allowed Claims:		\$0		0.00%													
Index Rate of Experience Period			\$0.00														
Experience Period Member Months		1	I and the second														
Section II: Allowed Claims, PMPM ba	eie																
Section II. Allowed Claims, Fivirior ba	313	Experience	e Period		Proiec	tion Period: 1	/1/2017	to	12/31/2017	Mid	d-point to Mid-	point. Experien	ce to Projection:	24	months		
		Adj't. from		Annualize					, ,				=				
	on Actual Experience Allowed				to Projection	on Period	Fact	ors	Projections, b	efore credibility A	Adjustment	C	redibility Manua	l			
	Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
Benefit Category Inpatient Hospital	Description Days	1,000	Cost/Service \$1.00	PMPM \$0.00	Morbidity 1.000	Other 1.000	1.000	Util 1.000	1,000 1.00	Cost/Service \$1.00	PMPM \$0.00	per 1,000 382.68	Cost/Service \$2,715.57	PMPM \$86.60			
Outpatient Hospital	Visits	1.00		0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	874.18	1,167.70	85.06			
Professional	Visits	1.00	1.00	0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	4654.58	186.50	72.34			
Other Medical	Visits	1.00		0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	2964.69	319.22	78.87			
Capitation	Benefit Period	1.00		0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	11988.58	0.00	0.00			
Prescription Drug	Prescriptions	1.00	1.00	0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	14741.94	45.31	55.66			
Total				\$0.00							\$0.00			\$378.53	After Credibility	Projected Period T	
10141			r	Projected Allowed	Evnorioneo Clain	oc DNADNA (w/o	anlied cree	ibility if appli	cable)		0.00%			100.00%	\$378.53		
			·	Tojecteu Alloweu					cable)		0.0070			100.00%			7,010
Section III: Projected Experience:	Paid to Allowed Average Factor in Projection Period																7,654
		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$222.96 \$1,447,654															
			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM \$222.96 \$1,447,654 Projected Risk Adjustments PMPM \$222.96 \$1,447,654 135 Projected Risk Adjustments PMPM \$237.94 \$1,541,023													\$1,541	1,023
					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM Projected ACA reinsurance recoveries, net of rein prem, PMPM Projected Incurred Claims Administrative Expense Load Profit & Risk Load Taxes & Fees Single Risk Pool Gross Premium Avg. Rate, PMPM Index Rate for Projection Period % increase over Experience Period % increase, annualized: Projected Member Months												0
							ecoveries,	iet or rein pr							\$237.34	\$1,541	1,023
			P	Projected Incurred	Projected ACA		ecoveries,	iet or rein pr									
				Projected Incurred	Projected ACA Claims		ecoveries,	iet or rein pr						15.63%	49.63	322	2,266
			A P	Administrative Exp Profit & Risk Load	Projected ACA Claims		ecoveries,	iet of rein pr						3.90%	12.38	80	0,412
			A P T	Administrative Exp Profit & Risk Load Taxes & Fees	Projected ACA Claims ense Load	reinsurance r		iet of rein pr							12.38 18.20	80 <u>118</u>	0,412 8,144
			A P T S	Administrative Exp Profit & Risk Load Taxes & Fees Single Risk Pool Gro	Projected ACA Claims ense Load oss Premium Ava	reinsurance r		iet of reili pr						3.90%	12.38 <u>18.20</u> \$317.55	80 <u>118</u> \$2,061	0,412 8,144
			A P T S	Administrative Exp Profit & Risk Load Taxes & Fees	Projected ACA Claims ense Load oss Premium Ava ection Period	reinsurance r		iet of reili pr						3.90%	12.38 <u>18.20</u> \$317.55 \$378.53	80 <u>118</u> \$2,061	0,412 8,144
			A P T S	Administrative Exp Profit & Risk Load Taxes & Fees Single Risk Pool Gro	Projected ACA Claims ense Load oss Premium Ava ection Period	reinsurance r g. Rate, PMPM er Experience (iet of reili pr						3.90%	12.38 <u>18.20</u> \$317.55	80 <u>118</u> \$2,061	0,412 8,144
			A P T S II	Administrative Exp Profit & Risk Load Taxes & Fees Single Risk Pool Gro	Projected ACA Claims ense Load oss Premium Avg ection Period % increase ov % Increase, an	reinsurance r g. Rate, PMPM er Experience (iet orrein pr						3.90%	12.38 <u>18.20</u> \$317.55 \$378.53 31654.90%	\$2,061	0,412 8,144

disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: Aetna Health Inc. (a PA corp.) 34822 HIOS Issuer ID:

Effective Date of Rate Change(s): 1/1/2017

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product			Aetna Health Ma	intenance Organizat	tion on-exchange			Aetna Health Maintenance Organization - PD								
Product ID:				34822KY005				34822KY004								
Metal:	Gold	Silve	Bronze	Bronze	Catastrophic	Silver	Silver	Gold	Silver	Bronze	Bronze	Catastrophic	Silver	Silver		
AV Metal Value	0.780	0.680	0.620	0.612	0.613	0.696	0.680	0.780	0.680	0.620	0.612	0.613	0.696	0.680		
AV Pricing Value	1.109	0.848	0.690	0.719	0.659	0.747	0.780	1.124	0.859	0.700	0.729	0.668	0.757	0.791		
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	New	New		
Plan Type:	HMO	HMO	НМО	HMO	НМО	НМО	НМО	НМО	НМО	НМО	HMO	HMO	HMO	НМО		
				Deductible Only	KY Aetna	KY Aetna Silver 15	KY Aetna Silver 20			KY Aetna Bronze	Deductible Only	KY Aetna	KY Aetna Silver 15	KY Aetna Silver 20		
Plan Name	KY Aetna Gold 10	KY Aetna Silver 15	KY Aetna Bronze	HSA Eligible	Catastrophic	Copay 5800	Copay 6125	KY Aetna Gold 10	KY Aetna Silver 15	50 Copay HNOnly	HSA Eligible	Catastrophic	Copay 5800	Copay 6125		
	Copay HNOnly	Copay HNOnly	50 Copay HNOnly	HNOnly	HNOnly	HNOnly	HNOnly	Copay HNOnly PD	Copay HNOnly PD	PD	HNOnly PD	HNOnly PD	HNOnly PD	HNOnly PD		
Plan ID (Standard Component ID):	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0050006	34822KY0050007	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005	34822KY0040006	34822KY0040007		
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No		
Historical Rate Increase - Calendar Year - 2				0.00%				0.00%								
Historical Rate Increase - Calendar Year - 1				0.00%				0.00%								
Historical Rate Increase - Calendar Year 0				0.00%				0.00%								
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017		
Rate Change % (over prior filing)	2.04%	-2.19%	3.38%	15.41%	5.22%	0.00%	0.00%	3.98%	2.20%	1.98%	15.27%	4.99%	0.00%	0.00%		
Cum'tive Rate Change % (over 12 mos prior)	2.04%	-2.19%	3.38%	15.41%	5.22%	0.00%	0.00%	3.98%	2.20%	1.98%	15.27%	4.99%	0.00%	0.00%		
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Product Rate Increase %				5.06%				6.43%								
Troddet nate merease /s				3.3070				l			5. 7570					

State:

Market:

KY

Individual

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

T					1					1					
Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0050006	34822KY0050007	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005	34822KY0040006	34822KY0040007
Inpatient	#DIV/0!	\$1.19	-\$1.01	\$1.20	\$5.10	\$1.74	\$0.00	\$0.00	\$2.31	\$0.98	\$0.72	\$5.13	\$1.69	\$0.00	\$0.00
Outpatient	#DIV/0!	\$1.17	-\$1.00	\$1.18	\$5.01	\$1.71	\$0.00	\$0.00	\$2.27	\$0.96	\$0.70	\$5.04	\$1.66	\$0.00	\$0.00
Professional	#DIV/0!	\$0.99	-\$0.85	\$1.01	\$4.26	\$1.45	\$0.00	\$0.00	\$1.93	\$0.82	\$0.60	\$4.29	\$1.41	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.76	-\$0.65	\$0.77	\$3.28	\$1.12	\$0.00	\$0.00	\$1.48	\$0.63	\$0.46	\$3.30	\$1.08	\$0.00	\$0.00
Other	#DIV/0!	\$1.08	-\$0.92	\$1.10	\$4.64	\$1.58	\$0.00	\$0.00	\$2.10	\$0.89	\$0.65	\$4.67	\$1.54	\$0.00	\$0.00
Capitation	#DIV/0!	-\$0.73	\$0.62	-\$0.74	-\$3.13	-\$1.07	\$0.00	\$0.00	-\$1.41	-\$0.60	-\$0.44	-\$3.14	-\$1.03	\$0.00	\$0.00
Administration	#DIV/0!	-\$0.66	\$0.56	-\$0.67	-\$2.84	-\$0.97	\$0.00	\$0.00	-\$1.28	-\$0.55	-\$0.40	-\$2.85	-\$0.94	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$7.09	-\$6.04	\$7.18	\$30.39	\$10.36	\$0.00	\$0.00	\$13.75	\$5.84	\$4.26	\$30.58	\$10.05	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	-\$0.61	\$0.52	-\$0.62	-\$2.60	-\$0.89	\$0.00	\$0.00	-\$1.18	-\$0.50	-\$0.37	-\$2.62	-\$0.86	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$10.28	-\$8.77	\$10.41	\$44.11	\$15.03	\$0.00	\$0.00	\$19.97	\$8.47	\$6.18	\$44.40	\$14.60	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$7.82	\$7.82	\$7.82	\$7.82	\$7.82	\$0.00	\$0.00	\$7.82	\$7.82	\$7.82	\$7.82	\$7.82	\$0.00	\$0.00

Average Current Rate PMPM	\$200.33	\$504.81	\$399.68	\$307.99	\$286.23	\$287.93	\$0.00	\$0.00	\$501.99	\$384.61	\$312.95	\$290.68	\$292.55	\$0.00	\$0.00
Projected Member Months	6,493	260	714	1,006	1,006	130	1,169	1,201	65	130	260	260	32	130	130

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0050006	34822KY0050007	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005	34822KY0040006	34822KY0040007
Ę	Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
į	Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
l E	Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other	#BIV/0.	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070	100.0070
than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	#DIV/0:	\$0.00%	\$0	\$0	\$0	\$0.00%	0.00%	0.00% \$0	0.00% \$0	0.00% ¢0	\$0	\$0	\$0	0.00% ¢0	0.00% ¢0
Total Allowed Claims (TAC)	Ş U	ŞU	ŞU	\$0	ŞU	\$0	ŞU	ŞU	ŞU	ŞU	ŞU	ŞU	ŞU	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
5 state mandated benefits portion of TAC that are															
other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ju I															
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on															
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0							
Portion of above payable by HHS on behalf of															
insured person, as %	#DIV/0!														
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0050001	34822KY0050002	34822KY0050003	34822KY0050004	34822KY0050005	34822KY0050006	34822KY0050007	34822KY0040001	34822KY0040002	34822KY0040003	34822KY0040004	34822KY0040005	34822KY0040006	34822KY0040007
Plan Adjusted Index Rate	\$314.69	\$454.28	\$347.43	\$282.94	\$294.64	\$270.09	\$306.09	\$319.68	\$460.53	\$352.21	\$286.83	\$298.70	\$273.81	\$310.30	\$324.08
∯ Member Months	6,493	260	714	1,006	1,006	130	1,169	1,201	65	130	260	260	32	130	130
Total Premium (TP)	\$2,043,281	\$118,113	\$248,065	\$284,638	\$296,408	\$35,112	\$357,819	\$383,936	\$29,934	\$45,787	\$74,576	\$77,662	\$8,762	\$40,339	\$42,130
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,457,845	\$120,743	\$290,879	\$366,250	\$386,045	\$45,695	\$409,906	\$449,943	\$30,601	\$53,690	\$95,959	\$101,146	\$11,403	\$46,213	\$49,373
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$917,649	\$33,354	\$104,948	\$150,251	\$161,701	\$18,965	\$139,733	\$160,808	\$8,466	\$19,396	\$39,417	\$42,417	\$4,739	\$15,781	\$17,671
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$133,733	\$0	\$34,995	\$0	\$0	\$0	\$45,904	\$52,833	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	14.57%	0.00%	33.35%	0.00%	0.00%	0.00%	32.85%	32.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,540,196	\$87,388	\$185,931	\$215,999	\$224,344	\$26,730	\$270,172	\$289,135	\$22,135	\$34,293	\$56,542	\$58,728	\$6,664	\$30,433	\$31,702
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$93,369	-\$3,739	-\$10,267	-\$14,466	-\$14,466			-\$17,270	-\$935	-\$1,869	-\$3,739	-\$3,739	-\$460	-\$1,869	-\$1,869
Incurred Claims PMPM	\$237.21	\$336.11	\$260.41	\$214.71	\$223.01	\$205.61	\$231.11	\$240.75	\$340.54	\$263.79	\$217.47	\$225.88			\$243.86
Allowed Claims PMPM	\$378.54	\$464.39	\$407.39	\$364.07	\$383.74	\$351.50	\$350.65	\$374.64	\$470.78	\$413.00	\$369.07	\$389.02	\$356.34		\$379.79
EHB portion of Allowed Claims, PMPM	\$378.54	\$464.39	\$407.39	\$364.07	\$383.74	\$351.50	\$350.65	\$374.64	\$470.78	\$413.00	\$369.07	\$389.02	\$356.34	\$355.49	\$379.79